

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/594443		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2		1					52	1					
3		2					53	1					
4		3					54		1				
5		3					55		1				
6		3					56		1				
7	1						57	1					
8	1						58		1				
9	1						59		1				
10	1						60	1					
11	1						61	1					
12		1					62	1					
13	1						63	1					
14	1						64		1				
15	1						65		1				
16	1						66	1					
17	1						67		1				
18		1					68	1					
19		1					69						
20		1					70			1			
21		1					71			1			
22		1					72			1			
23		1					73			1			
24		1					74			1			
25		1					75			1			
26		1					76			1			
27		1					77			1			
28		1					78			1			
29		1					79			1			
30		1					80			1			
31		1					81			1			
32	1						82			1			
33		1					83			1			
34	1						84			1			
35	1						85			1			
36		1					86			1			
37		1					87			1			
38		1					88			1			
39	1						89			1			
40	1						90			1			
41	1						91			1			
42	1						92						
43		1					93						
44		1					94						
45		1					95						
46	1						96						
47	1						97						
48	1						98						
49	1						99						
50	1						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←	19	←		←
TOTAL CLAIMS							TOTAL CLAIMS			23			